

mg  
10/27

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | TD       |        | 9-15-00  |
| O.I.P.E. CLASSIFIER       | WJ       | 45     | 9/25     |
| FORMALITY REVIEW          | mk       |        | 10/29/00 |
| RESPONSE FORMALITY REVIEW | LH       | 120105 | 3-9-01   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral).... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
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